## STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

1. Name of Lobbyist(s)	Adam Schmidt		
II. Name of tobbyist's partn	ership, firm or corporation, if a	any:	
Bianco Profession	al Association		
(Name of pa	rtnership, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603) 226-0165	e-mail aschi	midt@biancopa.com
(Telephone)	(Fax		
reportable expense transact	Choose one – file separate repo ions which are not attributable s occurring in the months prior to	to any one client).	
	Name of Client as it appears on the L		
	s by the lobbyist (including the lo	bbyist's family), or the lobby	ing firm listed below which a
•	1 26, 2017 (1) date of registration to 3/31/17	July 26, 2017	117
	ober 25, 2017 <b>X</b> from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/	
	es received and no reportabl te just this form and submit it to t		
VI. Check if additional repo	orts are attached:		
•	or made expenditures, you must	file Addendum A- Fees and	Expenses
II If you have paid an hono Expense Reimbursement	rarium or reimbursed expenses, y	ou must file Addendum B-	Report of Honorariums or
-	family has made political contrib	butions, you must file Adden	dum C- Political Contributio
(Signature of lobbyist)  Adam Schmidt	B, RSA 14-C and RSA 664 and I	10/19/1	
(Print Name of lobbyist)			

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	fessional Association		
(Name of page 1)	artnership, firm or corporation)	1	
III. Name of Client		Date10/19/2017	
Political Contributions For each political contributions client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Long	Pat	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate i	s Seeking Alderman
	o the word estimate.		
	Shaw	Barbara	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$ _			
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-lactual cost of the in-kind co	Shaw (Last Name) 100.00 kind contribution, providentribution on the line above	Barbara (First Name) e a description of the good	(Middle Name/Initial)  ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-lactual cost of the in-kind coenter an estimated value and	Shaw (Last Name) 100.00 kind contribution, provide ontribution on the line about the word "estimate."	Barbara (First Name)  e a description of the good ove for amount of contribution	
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-lactual cost of the in-kind co	Shaw (Last Name) 100.00 kind contribution, providentribution on the line above	Barbara (First Name) e a description of the good	(Middle Name/Initial)  ds or services provided, and enter th

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am	
enter an estimated value and the word "estimate."	ount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	
is true and complete to the best of my knowledge and bel	ief.
All Still	
(Signature of lobeyist)	10/19/2017 (Date)
· ·	(Dute)
Adam J. Schmidt	
(Print Name of lobbyist)	